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CONFIRMATION NO. 2291

SERIAL NUMBER 10/693,698	FILING OR 371(c) DATE 10/27/2003 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. Ve 013
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APPLICANTS

Farid Bruce Khalili, Briar Cliff Manor, NY;

** CONTINUING DATA *****

This appln claims benefit of 60/423,168 11/04/2002 and claims benefit of 60/479,822 06/20/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 08/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 67	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Mary J. Pina</i> Initials: <i>me</i>				

ADDRESS

LAWRENCE CRUZ
 12 GOOD HILL RD.
 BETHEL, CT06801

TITLE

Orthopedic rod system

FILING FEE RECEIVED 1195	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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